

					_						
	in this information to identify your c										
Dei	otor 1 Jonathan Se	eijo			_						
1 -	otor 2 buse, if filing)				_						
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_						
Ca	e number 20-13560				(Check if th	is is:				
(If kı	nown)					An am	ended	filing			
									g postpetitio ollowing date		
0	fficial Form 106l					MM / E	D/ YY	YY			
S	chedule I: Your Inc	ome								12/15	
spo		ır spouse is not filing w	ith you, do not include	e inforn	nation a	bout you	spou	se. If mo	ore space is	needed,	
1.	Fill in your employment information.	Debtor 1	Deb	Debtor 2 or non-filing spouse							
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed				☐ Employed				
		Employment status	☐ Not employed		☐ Not employed						
	employers.	Occupation	Sales Manager								
	Include part-time, seasonal, or self-employed work.	Employer's name	Kia of West Chester								
	Occupation may include student or homemaker, if it applies.	Employer's address	326 Westtown Ro West Chester, PA		0						
		How long employed t	here? 9 months	S							
Pai	t 2: Give Details About Mor	nthly Income									
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to rep	ort for a	any line,	write \$0 ii	n the sp	pace. Inc	alude your ne	on-filing	
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the information	for all e	mployers	s for that p	erson	on the lir	nes below. I	f you need	
					For	Debtor 1			btor 2 or ng spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	8,000	00	\$	N/A	<u>.</u>	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.	00	+\$	N/A	<u>\</u>	
1	Calculate gross Income Add li	ne 2 + line 3		1	\$	8 000 00	\Box	\$	N/A		

Debt	or 1	Jonathan Seijo	_	C	Case number (if kr	nown)	20-13	3560		
			_							
					Fan Dahtan 4		Гол	Dalatan	2	
					For Debtor 1		For Debtor 2 or non-filing spouse			
	Con	y line 4 here	4.	_	\$ 8,000	100	\$	-illing s	N/A	_
	ООР	y line 4 nere	٦.		Ψ	7.00	Ψ		111/	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$ 1,526	00.3	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b			0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	50		: ——— •	0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	50		· — — ·	0.00	\$_		N/A	_
	5e.	Insurance	5e		: — <u> </u>	0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		·	0.00	\$_		N/A	_
	5g.	Union dues	50		·	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_	-	·	0.00			N/A	_
6			_ 6.				· —			_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.					\$_ \$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$6,474	1.00	Φ		N/A	<u> </u>
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	Э.		0.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$	0.00	\$		N/A	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent								
		regularly receive Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	80) .	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	80		·	0.00	\$_		N/A	
	8e.	Social Security	86		·	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive			·		· —			_
		Include cash assistance and the value (if known) of any non-cash assistance	;							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.	O.f		•		æ		N1/A	
	0.0	Specify: Pension or retirement income	_ 8f.			0.00	\$_ \$		N/A	_
	8g.		89		'	0.00	· ·		N/A	_
	8h.	Other monthly income. Specify:	_ 01	1.+	\$	0.00	+ \$		N/A	<u>.</u>
9.	Add	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		9	6	0.00	\$		N/	Δ
		G		L.			Ŀ			
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	6,474.00	+ \$		N/A	= \$	6,474.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_	0,777.00	· Ψ-		11/7	- Ψ -	0,777.00
4.4			,							
11.		e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your		ande	ants vour room	mate	bne a			
		r friends or relatives.	чорс	onac	onto, your room	mato	s, and			
		not include any amounts already included in lines 2-10 or amounts that are not	avail	able	to pay expens	es list	ted in S	chedule	<i>∃</i> .	
	Spe	cify:						11.	+\$	0.00
40	Add the encount in the less solvens of the 40 to the encount in the 44. The encount is the encount in									
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it									
	applies							12.	\$	6,474.00
									Cambi	nod
									Combi	nea ly income
13.	Do y	you expect an increase or decrease within the year after you file this form	?							,
		No.								
	П	Yes Eynlain:								

Official Form 106l Schedule I: Your Income page 2